MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Innovation Committee Meeting Summary

October 26, 2006; 9:00 AM – 12:00 PM

Attendees-

a) Committee Members: Wes Chesboro, co-chair; Karen Henry, co-chair; Robert Chittenden, Geraldine Esposito, Beth Greenwood, Fred Heacock, Colleen King, Mark Ragins, Sharon Roth, Thomas Schwertscharf, Carolyn Wade-Southard, Sally Zinman, Ken Epstein,
b) MHSOAC Staff: Jennifer Clancy, Keely LeBas, Deborah Lee, Michelle Woods, Sheri Whitt
c) DMH Staff: Emily Nahat, Barbara Marquez, Zoey Todd

Innovation Discussion Document	▪ Changes to discussion document might be incorporated into Resource Paper ▪ Proposed innovations should be associated with a theory ▪ We need to be able to learn from the innovation effort, including areas of success and failure ▪ Dynamic tension between need for local community efforts and to establish state models; for example, could fund training, materials, policy innovations, leadership, dissemination. Innovation funds can go to larger entities than counties, per DMH, OAC, CMHDA agreement. We could encourage counties to collaborate in regional partnerships. ▪ We need to ensure that non-profits are included in innovation efforts. ▪ Include development of innovative strategies and services for needs that have not previously been recognized	▪ Change "Key Issues: Recommended Innovation Funding Criteria" to "Questions to be Asked in Process of Developing Innovation Funding Criteria," Nov. 30 ▪ Add length of innovation intervention (short-term, long-term, etc.), Nov. 30 ▪ Add how to use information from innovation to inform next round of funding, Nov. 30 ▪ Invite Pat Ryan to next Innovation Committee meeting to discuss county, regional, and statewide	Deborah Lee Deborah Lee Deborah Lee Jennifer Clancy

iscussion Document		approaches and related concerns of county mental health directors ▪ Omit "transforming a program into one that can meet its objectives" from example list	Deborah Lee

DISCUSSION HIGHLIGHTS

Update on Finances

- Innovation dollars are 5% of CSS and 5% of PEI (estimated $50 million annually); These dollars are on top of what counties have allocated for CSS.
- Jennifer Clancy: Committee needs to narrow its focus for innovation in order for these funds to make an impact.
- One way to focus innovation funds is to link them with CSS and PEI
- Innovation calls for qualitative strategies; there is a desire for qualitative improvement across the mental health system, not just for MHSA
- It's good to start small and build-in the opportunity to evaluate in order to learn from mistakes and correct course

PEI Committee Presentation

- Innovation could link to PEI principles, which are broad, or to priority populations, which are more specific.
- It's important to link to efforts outside of the traditional mental health system that have their own funding streams, such as law enforcement, other first responders, housing authority, and education. Joint training is crucial, to increase mutual understanding and ability to work together.

CSS Committee Presentation

- Ideas about possible linkages are preliminary and have not been reviewed with CSS Committee
- CSS Committee identified elements necessary for CSS plans to support system transformation: consumer and family involvement; cultural competency; eliminate disparities; strong collaboration and wellness, recovery and resilience.

<u>Potential linkages include:</u>

➢ Collaboration, especially with other systems:

- Approaches to increase access to services;
- Developing baseline measure of what exists; this could be useful in assessing impact of innovation funding;
- Development of a research agenda that includes innovation;
- Indian health;
- Creative ways to serve transition-age youth;
- Criteria for success and innovation through wellness centers.

Innovation Committee Discussion

- An innovative approach to collaboration is to include federally funded homeless collaboratives. They have baseline information from various sources about people who are indigent.
- In some counties, the stakeholder planning process was not successful; we want to recognize, reward, replicate successful efforts
- There is confusion about the roles of DMH, OAC, Committees, and others; these vary for PEI and Innovation, compared to other MHSA areas. Jennifer has found that everyone is committed to work collaboratively and to view our work as inter-dependent. While the authority varies, the common ground occurs in all areas. We want to make sure that we make use of the excellent principles DMH developed.

Cultural and Linguistic Competency Committee Presentation

- Not comparable to other committees because it is central and fundamental to all components.
- Mental health bureaucracy is a culture; by understanding this culture, we can better understand and respond to other cultures, including differences in power, values, language, and priorities

Potential Linkages include:

- Innovation priorities of quality and collaboration are reflected in how clients and providers communicate to each other
- Fragmentation, which is especially challenging for people from different cultures and with different languages, and which impairs access, is another potential innovation priority
- There is great need for innovation to understand and respond to needs and resources in diverse communities through culturally competent approaches

Innovation Committee Discussion

- Think about relevance of cultural and linguistic competence to different kinds of mental health practitioners, not just to doctors
- One option is to fit innovation into existing systems and create incremental changes in an effort to sustain changes
- IRB and safety for “human subjects” is particularly important for people of color and people who are vulnerable for various reasons

- Voices of communities to be served need to be involved early in discussions, not just react to completed proposal; there is a lack of diversity on Innovation Committee and in most other MHSA bodies. Cultural competency and representation must exist all along the way.
- Interested in culturally competent and diverse definitions of and approaches to wellness, recovery, and resilience
- Statewide mental health cultural competency summit Nov. 8 and 9 at San Francisco Hyatt Regency Airport Hotel.

Education and Training Committee

- Committee advises OAC. OAC has broad oversight role, in partnership with Mental Health Planning Council, who approves Five-Year Plan developed by DMH. DMH is responsible for implementation
- All components of MHSA, including Innovation, have implications for mental health workforce
- As Innovative principles, criteria, and priorities are developed, these create urgent needs for the workforce, so cross-communication is essential
- MHSA was implemented out of sequence; because funding for education and training is not yet available, counties have urgent immediate work force needs, which DMH and partners are working to address as quickly as possible. These need to be balanced by needs for more fundamental work force transformation

General Innovation Committee Discussion

Focus Questions: How does the information from the presentation shape your thinking about innovation? What are the potential links and/or focus areas that could create greater impact? What additional information do you need from a resource paper or public hearing?

Theme: Focus on Structure

- Be risk-takers, despite potential for failure. Mistakes are not problems; critical factor is how long it takes to recognize and correct
- Change has to include leadership/buy-in from the top
- Focus on creating a structure that supports innovation: building blocks that make innovation possible and a structure to create a recovery-based, practice-based research agenda. Analogy: clock building rather than time telling
- The process is important and what you do is important. The criteria should include both.
- A useful term is “contextual;” innovation needs to be specific to county, neighborhood, region, or wherever it occurs.
- A simple approach would be useful to everyone: creators and reviewers. Criteria need to facilitate a reasonable approach.
- Simple structure for funding: what is the problem or need, how is it done (or not done) now, what are the risks and benefits of doing what is proposed, how will we know if what is proposed is successful, how will we disseminate learning?
- Every county has a Quality Improvement Committee and Plan; these might provide resources for innovation research and efforts
- Counties have many constraints in what they can do: for example, mandate with non-MHSA funds to serve only people with severe mental illness, people eligible for MediCal, etc.
- MHSA talks about people with severe and persistent mental illness, not about people with mental health needs or issues; we need to remember how MHSA defines target population. MHSA allows funding to avoid serious consequences of mental illness. It’s possible to

fund approaches to prevent people from becoming non-functional or from having more serious problems as a consequence of mental illness.

Theme: Diverse Consumer and Family Participation & Cultural Competency

- Diverse community stakeholders need to give input throughout, not just at end. Include speakers from underserved communities at the public hearing. The committee process needs to be truly representative and reflect ethnic communities in CA, especially Latinos that comprise about 40% of the population.
- Must address concrete needs to allow consumers and families to participate: for example, transportation, dependent care
- For some people, "provide services that fit and make sense" is seen as code for eliminating and rationing services; must be conscious of effects of language on diverse constituents
- Consumers and family members must be employed at all levels of mental health system; this is significant component of stigma reduction
- Need framework of culturally competent approaches to recovery, resilience, wellness; this could be part of research agenda
- Consumers and family members must have critical role in designing evaluation, defining key questions to be asked, and conducting interviews or other inquiries. For example, there needs to be room for a person to assess own recovery, life satisfaction, etc. as outcome. Catholic Charities developed a process for consumer to consumer evaluation that might be a good resource.
- Mental Health Cultural Competency Summit will occur in San Francisco Nov. 8 and 9

Theme: Questions that Require Additional Information

- For paper and/or public hearing, focus on structures and examples that make programs work and put innovation in context. Explore how successful outcomes are achieved.
- How do we know what works? Are there innovative approaches to evaluation?
- What structures increase probability of successful innovation? What do we know about structures that create an innovative environment?
- What are the characteristics of innovative approaches that produce successful outcomes?
- What are some examples of successful innovative practices?
- How to measure improvement in people's mental health?
- Key decision points:
  - Can we fund something as innovative if it's been done elsewhere?
  - Incremental innovation vs. larger, more fundamental change
  - How much emphasis on dissemination and replication?

Suggested Actions	**Individual Responsible**

Discussion document point about collaboration needs to be stronger	Deborah Lee
Presentation to INN Committee of Cultural Competency Committee's work on data gathering	Jennifer Clancy
Ongoing communication and cross-fertilization with Education and Training Committee.	Deborah Lee and Innovation Committee
Incorporate INN committee discussion points into Resource Paper where possible.	Deborah Lee
Committee member would like visual representation of its work that links key issues	
Distribute notes from PEI Outcomes Presentation	Jennifer Clancy
Summarize and provide grid of what is in CSS plans: as baseline and to assess what is innovative.	OAC staff is analyzing plans; CMHPC is creating a report
All documents should indicate author and clear designation of draft	OAC staff

Misc. Committee Requests
Payment for second night of lodging so members can stay for OAC meeting

Public Comment

- Encourage committee to think broadly, boldly, systematically, and to take appropriate risks. Stay with simple things and describe outcomes in ways people understand. Allow people to fail in order to learn.
- Give more focus to caregivers
- Committee, staff, etc. need to represent population. Include members of underserved communities at all phases, including in development of document, public gathering, etc. This would create a different conversation.
- PEI committee wished they had made more use of work groups in between committee meetings